

School Certification

south carolina Student ÓLoan

SC Student Loan PO Box 102405 Columbia, SC 29224

Items 1-5 to be complete	ed by the borrower			
Borrower's SSN 2. Borrower's Last Name		First Name MI		
3. Student SSN if Different		4. Student Name if Different		
5 a. Loan Amount Requested For Loan Period*		b. Loan Period		
\$		From(mm/yyyy)/To (mm/yyyy)//		
* Refer to Item 10a and 10b on Application	,			
To be completed by a fi	nancial aid administrator or other so	chool official a	authorized to certify financial aid fo	rms.
6. Lender ID 833128	South Carolina Student Loan PO Box 102405	7. School Code		
	Columbia, SC 29224			
	Phone: (800) 347-2752 Fax: (803) 772-9410	8. School Name & Address		
9. Grade Level	10. Enrollment Status	1	11. Anticipated Graduation Date	
	Full Time Half Time			
12. Loan Period (Month/Day/Year)		13. Certified Loan Amount		
From: / / To: / /		\$		
14. Recommended Disburseme	nt Date(s) (Month/Day/Year)			
1st/_/	2nd/ /	3rd/_	/ 4th/	_/
This space reserved for additional disburse	ement dates if needed.			
School Certification				
			accepted for enrollment on at least a half-ti	
			lent is not incarcerated, and that the borrov disbursement schedule complies with the ir	
academic calendar and here		ment dates if neo	cessary. I further certify that the information	
		owieuge and be	iici.	
Signature of Authorized School Official			Date	
-				
Name/Title (Printed or Ty	ped)			
Upon completion	n of items 1-5, mail this form and the Applica After college financial aid office's cor		sory Note to your college's financial aid office rms should be sent to:	э.
	SC Student Loan, PO Box			